(The remarks of Mr. WHITEHOUSE and Mr. MENENDEZ are printed in today's RECORD under ''Remembering Senator Edward M. Kennedy.'')

The PRESIDING OFFICER. The Senator from New Jersey.

ORDERS FOR FRIDAY, SEPTEMBER 11, 2009

Mr. MENENDEZ. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. tomorrow, Friday, September 11; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day; that there then be a moment of silence in commemoration of the eighth anniversary of the September 11 attacks; further, that following the moment of silence, the Senate proceed to a period of morning business until 10:30 a.m., with Senators permitted to speak therein for up to 10 minutes each; and, finally, I ask that following morning business, the Senate resume consideration of Calendar No. 153, H.R. 3288, the Transportation, HUD, and related agencies appropriations bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. MENENDEZ. Mr. President, there will be no rollcall votes during Friday's session of the Senate. I ask unanimous consent that following the remarks of Senator CARPER and Senator BENNET of Colorado, the Senate adjourn under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MENENDEZ. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BENNET. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BENNET. Mr. President, on this day, the day after the President's speech to the joint session, and on a day when so many of our colleagues have given so many moving tributes to Senator Kennedy, I come to the floor tonight to talk a little bit about health care. What I want to do is share a presentation I have given in every corner of my State—all across Colorado, in rural Colorado, urban Colorado.

I am extremely proud that over the course of the entire recess—though we had townhall meetings all across our State, and though there were lots of different feelings about whether the reform we have been pursuing is a good idea—every one of the conversations we had was a substantive conversation, a serious conversation, about what our working families and small businesses are facing as a consequence of the status quo and also the fiscal problems we are facing as a country and how health care reform, done right, is an important part to fixing our financial health.

So tonight what I want to do is go through some of those slides. I will try to be pretty brief because the hour is late. But I want to give a context of the kinds of conversations we had in our State. I think the overarching feeling people had when we were done was that we do need to change the status quo. The status quo is absolutely intolerable for our working families and small businesses. But there is a deep concern that we have the capacity to make it even worse. I left every meeting saying I think that is too low a standard for the Congress. We need to do much better than that. We need to get this health care reform done. But we need to get it done right, and we need to take the time that is required to get it right.

The first thought I always started with was just to explain to people what the difference was between our deficit and our debt. Our deficit, as this slide shows, is the annual gap between our revenues and our expenses. And debt, which we have far too much of in this country, is what adds up year after year after year if we continue to have our deficits.

The second slide shows that over the years we have actually done a pretty good job of managing our deficit. Anything over 3 percent of GDP is a problem because it is not sustainable. Our borrowing costs will outstrip our ability to catch up to our deficits if we are above 3 percent GDP. This slide shows, over the years, except for in wartime, except in World War II—and more recently during the wars in Iraq and Afghanistan—we have not gone far above the 3 percent of GDP.

This slide just shows us how we have stacked up debt so quickly over the last decade or so. We had about $5 trillion of debt on the country, on the Nation when the last President assumed the Presidency. We are now at $12 trillion. As we can see, there has been an enormous spike between 2000 and today.

This is just a slide that shows how much debt this really is. Our entire economy, our entire GDP, gross domestic product, is $14 trillion. Our debt is $12 trillion today. We can see that these other countries all have a much smaller GDP than we do. That is good news.

Unfortunately, some of these folks, particularly China, own an awful lot of our debt.

We also took the time to say to people: How did this happen? How did we let this happen to the American people and to our kids and our grandkids? How is it possible that in virtually the blink of an eye we went from having $5 trillion of debt on the country to having $12 trillion of national debt?

As we can see here, both parties bear responsibility for where we are. The tax cuts in the early 2000s are responsible for $1.4 trillion of the debt passed on to our kids and our grandkids; $900 billion for the wars in Iraq and Afghanistan, which we did not pay for—we did not make the choices we needed to pay for it; we put it on our kids and our grandkids—the Recovery Act funding, which is roughly $780 billion—40 percent or so in tax cuts, the rest in spending—the bank bailout, half in the last administration, half in this administration, $600 billion, and Medicare Part D, the drug program for seniors, which, again, may be a very legitimate program. It may be a program people would like to have. We did not pay for it. We said to our kids and our grandkids: You pay for it.

These are just CBO numbers that show our steady state. If we do not do anything to change course, the amount of debt will just continue to grow.

Then, finally—and this is going to take us into the health care discussion we had in Colorado over the recess—if we look at the biggest drivers of our future deficits, what we see on this slide is that here is our tax revenue line, and we can see it is pretty flat over time, from 2008 to 2039. But the biggest drivers are our interest on the debt that we are putting on the backs of our kids and our grandkids, and the spiraling cost—or maybe a better word is the skyrocketing cost, given the direction of this line—of Medicare and Medicaid.

The President talked about this last night. The biggest driver, other than interest, is rising Medicare and Medicaid costs. Obviously, the biggest driver of rising Medicare and Medicaid costs is rising health care costs.

So, in my judgment, no matter what one thinks about the health care reform discussion, if you are somebody who takes seriously the idea that we have to get hold of our deficit, we have to get hold of this national debt before it so constrains the choices of our kids and our grandkids that we are not providing them with the kind of choices or opportunities they ought to have, we need to do something about the trajectory of those Medicare and Medicaid lines, and that means health care reform.

This slide shows there is no way we can cut ourselves out of the problem with just discretionary spending cuts. This slide shows if we do not do anything differently now, we are all going to be talking about tax cuts in the future that none of us would ever reasonably support.

So my view is we do face a very significant fiscal challenge in this country and that health care reform is not sufficient to solve that problem, but it is an important step, and, in fact, the problem cannot be solved without addressing health care.

As this slide says, we need to urgently address health care reform to

help solve our Nation's fiscal crisis and also provide greater access to quality, affordable health coverage.

There are a lot of questions in my State about whether we are up to making the tough choices that need to be made to be able to create a piece of legislation that can produce meaningful reform and can do it in a way that changes the cost curve for Medicare and Medicaid. I, frankly, do not think we have a choice. I do not think we have a choice because our working families and small businesses cannot endure another decade like the last one.

These numbers apply to my State but are very similar in States all across the United States. In Colorado, if we look over the last 10 years, our median family income has actually gone down by about $800. By the way, that was before we entered the worst recession since the Great Depression. So that number is probably even worse today. Most certainly it is worse.

This, by the way, is an important issue for our working families, our families in our State, because it implies something about how well our economy is working or not working for middle-class families. It is very worrisome to see that our income is down $800. The national number, I believe, over the same period is that it is down $300.

But at the same time our families' revenues were flat, the health care cost premiums in Colorado went up by 97 percent—almost double. Mr. President, I can tell you, I have now visited every one of the 64 counties in Colorado and had conversations in every place. I can find people who disagree on everything. But I can also tell you there is not a single person in a single one of those counties who has said to me: My health care insurance is 97 percent better today than it was at the beginning of the decade or my health care coverage is 97 percent better than it was at the beginning of the decade. Thank you, MICHAEL BENNET, for making sure my costs went up by 97 percent. Nobody is saying that. In fact, the reverse is true. The quality of the coverage is actually going down.

In my State, also, over the same period of time, the cost of higher education has gone up by 50 percent. So here is what we are saying to our working families: You are going to have to make due with less. Your income in real dollars is going to be lower at the end of the decade than it was at the beginning of the decade. And, at the same time, you are going to have to assume dramatically increased health care premium costs and a dramatically increased cost for sending your child to one of our institutions of higher education.

It is no wonder that given the circumstances where household revenue is flat, the costs of things that are not nice to have—they are essential for the stability of our working families and our small businesses—that as our revenues have been flat, these costs have skyrocketed absolutely out of control. It is no wonder why, in my State and in States all across the United States, that the last decade saw a time when families were saving not what they usually saved—which is 7 percent of their net income—but zero, and going into debt with credit cards and home equity loans in order to try to bridge this extraordinary gap between their revenues and their costs.

This is the second slide I showed on this subject in my State. This just makes the point that today in the United States, we are spending roughly 18 percent of our gross domestic product on health care. That is going to 20 percent in the blink of an eye if we don't do something different. What I believe and what I said out there is that we can't hope to compete in this global economy if we are spending a fifth of our economy on health care and every other industrialized country in the world is spending less than half that, or at least if we can find a way to spend less than that on health care, we should so that we can compete.

It is no different than if you had two small businesses—and the Presiding Officer is a small business owner—two small businesses across the street from each other that did the exact same thing and one was spending a fifth of its revenue on its light bill and the small business across the street was spending less than half that. You don't need an MBA to know which of those two companies is going to be able to invest in its business plan and grow for the future. So if we are going to compete in the way I know this country can compete, we have to do better than spending more than twice what all of our competition is spending on health care.

This is another slide that shows just how tough this has become for our middle-class families in Colorado. What we see here is that this is between 2000 and 2007. Again, this is before we entered the worst recession since the Great Depression. The numbers would be worse today. But what this shows is the rate of increase of insurance premiums—that is the red line—and the rate of increase in wages, which is the blue line.

When I was in these meetings, I would ask: Are there any small business people here?

And they would say: Yes, we are here.

I would say: Is this related? Are these two curves related to each other?

And they said: Of course, they are related to each other, because we are doing everything we can to try to continue to offer health insurance to our employees, but one of the effects that is having is we can't pay people the salary increases to which they are entitled.

So there is a direct relationship between the cost of insurance and the wage compression that is happening in our State.

By the way, I would hazard a guess that one of the reasons median family income is down is that small businesses are struggling mightily to keep insuring their workforce.

This is just a slide that shows that if we don't change anything, if we hang on to the status quo, by 2016 a lot of our families are going to be spending 40 cents of every one of their household dollars on health insurance.

The current system is bankrupting a lot of our families. Sixty-two percent of all bankruptcies are health care related. But the amazing thing to me on this slide is that of those health care-related bankruptcies, nearly 80 percent of them were folks who had coverage. These are people who bought coverage, they paid into the system to create security, to create stability, and when they needed that protection, it wasn't there. As a result, their families went bankrupt.

By the way, this could happen to anybody. As the President said last night, you could be anybody. Nobody can predict when they are going to get sick or when a child of theirs is going to get sick. That is an important point too.

All of these slides, everything up here is not about the folks in our country who aren't insured or the folks in our country who are insured; this is about 300 million Americans. Everything we have talked about should be of concern to everybody in our country.

This slide just shows what the current system means for small businesses, which, again, have struggled mightily—family-owned businesses, small businesses—to keep insuring their workforce. The slide on the left tells us that our small businesses pay 18 percent more to cover their employees than large businesses do.

While I was on the road, somebody said to me: Well, Michael, don't you know the reason for that is they are small and their pool is smaller and it is harder to spread the insurance risks across a small group of people?

Of course, that is true. But from a business perspective, it is absolutely ridiculous because no small business owner I know would invest 18 percent more for something unless they were making their business 18 percent more productive. Of course, the reverse is true here because they are buying the same thing the large company is—except they are not even buying the same thing. It is not as though they are getting 18 percent better coverage for their employees than the larger employers. The deductibles are higher. The lack of predictability is greater. It is a huge problem for small businesses.

It is no surprise that in my State, between 2002 and 2007, you can see the drop in the percentage of folks who are insured at work. Most of our folks, like the folks in the State of the Presiding Officer, are employed by small businesses, and we can see the effect these cost increases are having. They are just not able to keep up with those increases. The proof is in the pudding. Here we see that over 50 percent of

small businesses in 2000 were insuring their workforce, and now we are at about 40 percent, and that number is dropping.

So in my view, no matter where you are on questions such as a public option—which I support and have supported—or not a public option, the thing that should find us all together is driving costs down in our system.

I won't bother to go through all of these tonight, but I will say that, in my judgment, a lot of this is pretty commonsense reform that we all ought to be able to support: Changing our incentive structure so we reimburse people based on quality of care, not the quantity of care.

Coordinating patient care. We have an incredible example of this in Colorado with the Rocky Mountain Health Plans on our Western Slope and Grand Junction, Mesa County, also at the University of Colorado at Denver, also at Denver Health, the public hospital in Denver. But there are examples all over this country, such as the Mayo Clinic, a place any one of us would be proud to send our kids or send our parents for care, which is delivering a higher quality of care at a lower price. It is something we should all be able to support.

More focus on money on preventive care.

Increased competition so that our families and small businesses have a broader pool from which to choose. Fifty-three percent of people in my State, the State of Colorado, are insured by just two insurers.

This is an important point we haven't talked about enough; that is, the investment in health care IT. When I traveled through the 64 counties, there was not a county that I went to where there wasn't a convenience store. Apart from the loose beef jerky that sits on the counter, everything in that store had a bar code on it. That is 1970s technology that people have used to manage the inventory of their local convenience store, the business owner has used to manage their inventory. Only 3 percent of hospitals in this country use that sort of technology. One out of 25 doctors in this country uses that technology.

I am a parent of three little girls. They are 10, 8, and 5. I can't tell you the number of times I have had to take them to the doctor or take them to an emergency room and have to explain again the whole story of why we were there and what the last doctor told us or what the last nurse told us. That is not the fault of the doctors or nurses, but it is the fault of having a system of insurance and a medical system that has not invested in technology.

I have spent roughly half my career in the private sector. When I look at the complete lack of investment in technology when it comes to health care and when it comes to electronic medical records, I find it breathtaking, staggering that we could have that kind of inefficiency. So this is an important investment as well.

Then, bundling payments to encourage medical professionals to work together for the benefit of patients.

The final slide I wanted to share is just a reminder that there is a lot of insurance reform that is part of the proposals that are floating around the Congress. This is the whole issue about having people no longer denied insurance because they have a preexisting condition or are losing their insurance because they face a lifetime cap of some kind that many people don't even know they have in their policy or because their child gets sick and nobody predicted that and they get thrown off their policy or because they lose their job. I think all of us can agree that is a good idea.

So as we leave this week and we go home again this weekend, as I get to go back to Colorado and continue to have conversations with people in my State, what I am going to be focused on are the areas of agreement that working families, small businesses, Democrats, Republicans, Independents, can all agree upon. I think if we could focus our energy there, focus our attention there, what we are going to find is that the areas of disagreement are actually smaller than we imagined them to be.

Finally, in my view, we have waited far too long to do these commonsense reforms. I know there is a lot of concern about our rushing into something, and I don't think we should rush. But I think we need to get this done, and I think we need to get it done right. The American people need us to because they cannot endure another 10 years of graphs that look like the ones I showed you.

I don't want to have to go back to Colorado and explain why only 25 percent of people are covered at work or why there has been another 97 percent increase in premiums or why, when people buy insurance, there is no predictability to that insurance. I have great hope and optimism that, working together, we are going to get that kind of health care reform done in a smart, wise, measured way, and in a way that will require implementation over a period of time. There is no doubt in my mind we are going to get this done.

With that, I thank the Chair for listening to my remarks.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. BENNET. I ask unanimous consent that, under the previous order, the Senate adjourn until 9:30 a.m. tomorrow.

There being no objection, the Senate, at 7:21 p.m., adjourned until Friday, September 11, 2009, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

COMMODITY FUTURES TRADING COMMISSION

SCOTT D. O'MALIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR THE REMAINDER OF THE TERM EXPIRING APRIL 13, 2010 VICE WALTER LUKKEN, RESIGNED.

SCOTT D. O'MALIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2015. (REAPPOINTMENT)

DEPARTMENT OF AGRICULTURE

HARRIS D. SHERMAN, OF CALIFORNIA, TO BE UNDER SECRETARY OF AGRICULTURE FOR NATURAL RESOURCES AND ENVIRONMENT, VICE MARK EDWARD REY, RESIGNED.

HARRIS D. SHERMAN, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE COMMODITY CREDIT CORPORATION, VICE MARK EDWARD REY.

FOREIGN SERVICE

THE FOLLOWING-NAMED PERSONS OF THE AGENCIES INDICATED FOR APPOINTMENT AS FOREIGN SERVICE OFFICERS OF THE CLASSES STATED.

FOR APPOINTMENT AS FOREIGN SERVICE OFFICER OF CLASS FOUR, CONSULAR OFFICER AND SECRETARY IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF STATE

ANDREA M. CAMERON, OF VIRGINIA

THE FOLLOWING-NAMED MEMBERS OF THE FOREIGN SERVICE TO BE CONSULAR OFFICERS AND SECRETARIES IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF COMMERCE

ANDREW J. BILLARD, OF CONNECTICUT

DEPARTMENT OF STATE

CLAYTON A. ALDERMAN, OF OREGON
LEAH G. ALLEN, OF ARKANSAS
ERIC P. ANDERSEN, OF THE DISTRICT OF COLUMBIA
NATHAN ANDERSON, OF TEXAS
ERIKA M. ARMSTRONG, OF VIRGINIA
NAHIDE BAYRASLI, OF THE DISTRICT OF COLUMBIA
JEREMY R. BERNDT, OF MASSACHUSETTS
THERESA A. BLACKBURN, OF VIRGINIA
DOUG BOUDREAU, OF VIRGINIA
SANDRA BOWERS, OF OHIO
CHARITY L. BOYETTE, OF VIRGINIA
DAVID BRADFIELD, OF NEVADA
JESSICA LYNN BRADSHAW, OF PENNSYLVANIA
ALEXANDREA M. BRATTON, OF VIRGINIA
JODI R. BREISLER, OF MINNESOTA
ALAN Z. BRINKER, OF THE DISTRICT OF COLUMBIA
SARA G. BURGESS, OF VIRGINIA
CIERA DAWN BURNETT, OF MASSACHUSETTS
VANNA CHAN, OF MINNESOTA
MATTHEW GLENN CHOWN, OF CALIFORNIA
DAWN M. COATS, OF VIRGINIA
BEAU E. CONAWAY, OF VIRGINIA
ANDREA LYNNE COPPAGE, OF MARYLAND
GIANGHIA NAR DAO, OF CONNECTICUT
KEVIN GREGORY DAUCHER, OF ARIZONA
JAMESON LEE DEBOSE, OF NEBRASKA
DIANE C. DEL ROSARIO, OF NEW YORK
THEODORE E. DIEHL, OF ILLINOIS
JOHN H. DOUGLAS, OF VIRGINIA
BRETT A. EGGLESTON, OF MASSACHUSETTS
BENJAMIN HARRIS ELLIS, OF GEORGIA
SAMANTHÉ A. EULETTE, OF GEORGIA
JOSEPH FARBEANN, OF MASSACHUSETTS
T'ERRANCE ELLIOTT FAVORS, OF COLORADO
NICHOLAS C. FIETZER, OF MINNESOTA
JOSHUA N. FINCH, OF WYOMING
TARA EILEEN FOLEY, OF VIRGINIA
MARY G. GAHNBERG, OF CALIFORNIA
M. SHAYNE GALLAHER, OF THE DISTRICT OF COLUMBIA
RAFAEL ANCHETA GONZALEZ, OF NORTH CAROLINA
KESHAV GOPINATH, OF CALIFORNIA
EMILY ROYSE GREEN, OF VIRGINIA
CHRISTOPHER M. GRELLER, OF WYOMING
TRAVIS AUSTIN GROUT, OF OHIO
STEPHEN W. GUENTHER, OF VIRGINIA
TOMAS ANDRES GUERRERO, OF VIRGINIA
BRIAN HALL, OF COLORADO
TIONA K. HARRISON, OF MARYLAND
ANA ELIZABETH HIMELIC, OF ARIZONA
ELIZABETH A. HOLCOMBE, OF INDIANA
DANIEL JOSEPH HORSFALL, OF TENNESSEE
ROBERT FREDERICK HUBER, OF TEXAS
ANGELA ITOGE, OF CALIFORNIA
JINANSHU C. JAIN, OF PENNSYLVANIA
BRIAN JOHNSON, OF NORTH CAROLINA
JONATHON A. KENT, OF IOWA
ANNA MARIE KERNER, OF SOUTH DAKOTA
JENNIFER BARNES KERNS, OF OKLAHOMA
MICHAEL J. KREIDLER, OF FLORIDA
SAMANTHA KUO, OF CALIFORNIA
SONIA LAUL, OF TEXAS
LI PING LO, OF VIRGINIA
ANDERS E. LYNCH, OF MARYLAND
BRITTANY KATHARYN MACKEY, OF VIRGINIA
EVAN CAMPBELL MAHER, OF WASHINGTON
CHRISTINE A. MARCUS, OF THE DISTRICT OF COLUMBIA
MEGHAN MCGILL, OF ARIZONA
JONATHAN MCKAY, OF WASHINGTON
CHRISTOPHER PAUL MEADE, OF CALIFORNIA
JONATHAN M. MERMIS—CAVA, OF CALIFORNIA
JAMES THOMAS MOFFITT, OF NEW MEXICO
ANDREW R. MOORE, OF MICHIGAN
SASHA K. MORENO, OF TEXAS
TRAVIS J. MURPHY, OF TEXAS
ALEXIS VESTA RUTH MUSSOMELI, OF WASHINGTON
LORENZO NEW, OF FLORIDA
MORGAN J. O'BRIEN III, OF NEW YORK
KEVIN JAMES OGLEY, OF CALIFORNIA